

**Exhibit F**

*12.21.18 WA SOS*

*Clever Capital – No Real Estate Interest*

## Annual Report

### BUSINESS INFORMATION

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Business Name:

**CLEVER CAPITAL, LLC**

UBI Number:

**603 563 756**

Business Type:

**WA LIMITED LIABILITY COMPANY**

Business Status:

**ACTIVE**

Principal Office Street Address:

**630 VALLEY MALL PKWY, #157, WENATCHEE, WA, 98802-4838, UNITED STATES**

Principal Office Mailing Address:

**630 VALLEY MALL PKWY, #157, WENATCHEE, WA, 98802-4838, UNITED STATES**

Expiration Date:

**12/31/2019**

Jurisdiction:

**UNITED STATES, WASHINGTON**

Formation/Registration Date:

**12/02/2015**

Period of Duration:

**PERPETUAL**

Inactive Date:

Nature of Business:

**HOLDING COMPANY**

### REGISTERED AGENT [RCW 23.95.410](#)

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Registered Agent Name	Street Address	Mailing Address
JEFFERS, DANIELSON, SONN & AYLWARD, P.S.	2600 CHESTER KIMM RD, WENATCHEE, WA, 98801, UNITED STATES	

### PRINCIPAL OFFICE

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Phone:

**4252326798**

Email:

MICHELLEH@JDSALAW.COM

Street Address:

630 VALLEY MALL PKWY, #157, WENATCHEE, WA, 98802-4838, USA

Mailing Address:

630 VALLEY MALL PKWY, #157, WENATCHEE, WA, 98802-4838, USA

## GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		DAVID	CARLSON

## NATURE OF BUSINESS

HOLDING COMPANY

## EFFECTIVE DATE

Effective Date:

12/21/2018

## CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

**NO**

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

**NO**

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

**NO**

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

\* This company owns land, buildings or other real estate in Washington State,

**AND**

\* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit [www.dor.wa.gov/REET](http://www.dor.wa.gov/REET)

## RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

## UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

## EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

## AUTHORIZED PERSON

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☒ I am an authorized person.

Person Type:

**ENTITY**

First Name:

**COLLEEN**

Last Name:

**FREI**

Entity Name:

**JEFFERS, DANIELSON, SONN & AYLWARD, P.S.**

Title:

**ATTORNEY**

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.